

APPLICATION FOR CLINICAL LABORATORY SCIENTIST TRAINEE OR LIMITED CLINICAL LABORATORY SCIENTIST TRAINEE

Instructions: Application fee **\$32.00**

1. Please complete this application in full. Incomplete application will not be evaluated.
2. Your **nonrefundable** money order, cashier's check, or personal check application fee must be made payable to: **California State Department of Health Services.**
3. All **official** transcripts must be sent, by the registrar's office, **directly** to this Department at the following address:

California State Department of Health Services
Laboratory Field Services
2151 Berkeley Way, Annex 12
Berkeley, CA 94704-1011

4. Check **ONE** license category **only**. **DO NOT** check more than one.
A separate application and fee is required for each license category.

- ☐ Clinical Laboratory Scientist Trainee
☐ Clinical Chemist Scientist Trainee
☐ Clinical Immunohematologist Scientist Trainee
☐ Clinical Microbiologist Scientist Trainee
☐ Clinical Toxicologist Scientist Trainee

DO NOT WRITE IN THIS SPACE

Approval	By	Date
Final	_____	_____
Conditional	_____	_____
Reject	_____	_____
Reason	_____	

Months Req. Train _____

Trainee License No. _____

Issued _____

Previous File I.D. No.

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5. Please print. First name and middle initial _____					Last name _____				
Mailing address (street or P.O. Box) _____									
City _____					State _____		ZIP code (include +4 digits) _____		
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Birth date (month/day/year) ____/____/____		8. Citizen of U.S.* <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Telephone number () _____-____-____			
10. Maiden name or previous last name _____				11. Mother's first name _____			12. Birth place _____		
13. Have you previously applied for this or a similar license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name used _____							14. United States Social Security number* ____-____-____		
15. Have you been issued another California laboratory personnel license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of license _____ License number _____									
16. Have you been convicted of any felonies or misdemeanors other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach statement giving details.									
17.									
Name of College or University Attended		Location		Major Courses of Study	From Month/Year	To Month/Year	Degree/Date Conferred	Units	
		City	State						

18. ☐ Yes, I have requested that my transcript be sent **DIRECTLY** to you from my college. Date requested _____

You must also complete and sign the other side of this form.

EXPERIENCE: Complete this section and check appropriate box(es). Record hours per week to represent the work week, e.g., 20 hrs., 40 hrs., etc.

Laboratory—Experience	Hours per Week	From Month/Year	To Month/Year	<input type="checkbox"/> Bacteriology	<input type="checkbox"/> Clinical Chemistry
Address (number, street)				<input type="checkbox"/> Serology	<input type="checkbox"/> Hematology
City State ZIP code				<input type="checkbox"/> Parasitology	<input type="checkbox"/> Urinalysis
				<input type="checkbox"/> Blood Bank	<input type="checkbox"/> Toxicology

19. ☐ Yes, I have completed _____ months of practical clinical (medical) laboratory experience.

I declare under penalty of perjury that all statements made in this application are true and correct, and I agree and understand that any misstatements of material facts herein will cause forfeiture on my part of all rights under the laws of California relating to clinical laboratories.



Signature of Applicant (Use indelible ink only)

Date

NOTE: Please allow at least 10 weeks for processing the application. The processing time is based upon receipt of the fully completed application and official documents, as required by Laboratory Field Services.

PLEASE CAREFULLY REVIEW YOUR APPLICATION TO ASSURE THAT EACH LINE ITEM IS COMPLETED, AS REQUIRED, AND THAT THE APPLICATION IS SIGNED AND DATED.

***PRIVACY STATEMENT**

On January 1, 1977, the governor's Executive Order #B-22-76 became operational. This order is intended to protect the privacy of individuals by regulating the gathering and maintenance of personal data. The item relating to citizenship appearing on this form is voluntary and need not be completed; all other items are mandatory and the information requested must be furnished. Mandatory information is used to identify an applicant properly and to determine an individual's eligibility for licensure as authorized under the provisions of Chapter 3, Division 2, of the Business and Professions Code and Chapter 2, Title 17, of the Administrative Code. Failure to provide such information would preclude acceptance of your application. You have the right to review your file which is maintained by: Chief, Laboratory Field Services, Department of Health Services, 2151 Berkeley Way, Annex 12, Berkeley, CA 94704-1011, (510) 873-6328.

DO NOT WRITE IN THIS SECTION

☐ Semester ☐ Degree confirmed _____
☐ Quarter ☐ Total units _____

<input type="checkbox"/> Analytical chemistry	_____	TOTAL CHEMISTRY UNITS
<input type="checkbox"/> Biological chemistry	_____	
<input type="checkbox"/> Other chemistry	_____	
<input type="checkbox"/> Physics, light	_____	TOTAL PHYSICS UNITS
<input type="checkbox"/> Physics, electricity	_____	
<input type="checkbox"/> Hematology	_____	TOTAL BIOLOGICAL SCIENCE UNITS
<input type="checkbox"/> Immunology	_____	
<input type="checkbox"/> Medical microbiology	_____	
<input type="checkbox"/> Other	_____	